



## STUDENT MEDICAL INFORMATION

PHYSICIAN: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOSPITAL PREFERENCE: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

***Please indicate the appropriate response:***

Does Swimmer have Asthma? YES    NO    ***If yes please answer the next 2 questions.***

How frequent are the attacks? \_\_\_\_\_

Are the asthma attacks exercise induced? \_\_\_\_\_yes \_\_\_\_\_no

***If student has asthma: PLEASE BE SURE TO HAVE APPROPRIATE MEDICATION ON HAND IN CASE OF AN EMERGENCY.***

In case of an Emergency please notify:

Name \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

**OTHER SPECIAL MEDICAL CONDITIONS OR OTHER RELEVANT INFORMATION:**

(Please include Attention Deficit Disorder, Attention Deficit Hyper-Activity Disorder, Autism, speech delays, mental delays, motor skill delays, allergies, etc.)

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**COUGAR SWIM SCHOOL**

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